

## PMI AND SERVICING WORKSHEET - Heavy Duty

2008 Gillig Phantom (9112-9121)

## Injury Prevention

If you cannot do it safely, don't do it

Date: 4/26-13	Unit No: 9121	Current Odometer: 298072	Location Code: 57230 Snohomish	W.O. #:
---------------	---------------	--------------------------	--------------------------------	---------

All items must be checked with reference to the detail included in SOP M002 and PM Manual and marked ✓ = Serviceable, X = Defective, O = Repaired during Inspection and N/A = Not Applicable. The technician releasing the bus must print and sign their name and the Supervisor must sign the inspection sheet. Please complete in BLUE / BLACK ink and in capitals in accordance with SOP M002 and PM Manual.

The Fire Risk Assessment procedures have been added to the PMI and Servicing sheet, as indicated by the symbol "△", in order to condense and simplify the inspection process.

SECTION 1 - Preparation and Drive On (In Lot) Inspection		Defect. Cat. Ref.	Tech's Initial
1.0	Safety Inspection - Exterior Walk Around	-	CE
1.1	Check Driver's Pre-trip or DVIR/EVIR & Authorization Forms △	-	CE
1.2	Disconnect Amerex, Steam clean mechanical systems and engine compartment	-	CE
1.3	Check Condition of Operator's Area	3.12	CE
1.4	Check All Warning Light and Alarms △	7.13 7.14	CE
1.5	Check Auto Trans Neutral Safety Switch △	13.0	CE
1.6	Start Engine and Listen for Unusual Noises △	7.01	CE
1.7	Check Starter Protection Circuit	13.0	CE
1.8	Check Low Air Warning Light and Buzzer	-	CE
1.9	Check Instruments and Horns △	7.05 7.14 7.13	CE
1.10	Check Fast Idle	-	CE
1.11	Check Air Compressor Governor Setting △	4.08	CE
1.12	Check Air Pressure Leakage △	4.00	CE
1.13	Check Air Dryer Drain Valve △	4.00	CE
1.14	Check Steering Wheel, Column and Operation	11.0 11.01 11.02	CE
1.15	Check Reverse Warning System	7.07	CE
1.16	Inspect Windshields, Mirror and Sun Visor Condition △	3.05 3.34	CE
1.17	Check Wiper and Washer Operation	3.35	CE
1.18	Check defroster and auxiliary fan operation	-	CE
1.19	Check run box and destination sign operation and mounting	3.25	CE
1.20	Check Fare Box, ORCA, and Init systems operation and Mounting	-	CE
1.21	Check PA System and 2-way radio operation and mounting.	-	XCE
1.22	Check Door Operation including emergency release	3.32	CE
1.23	Check Door Interlock System,	3.32	CE
1.24	Check the Knee System	-	CE
1.25	Check Operation of All Other Accessories	-	CE
1.26	Check Wiring Under Dash △	7.12 7.13 7.14-	CE

3.1	Check run box and destination sign displays	3.25	CE
3.2	Inspect Mirror and Mountings △	3.22	CE
3.3	Check for Physical Damage and Decals	3.01 3.21 3.29 3.81	CE
3.4	Check Exterior Compartment Doors	3.31	CE
3.5	Check Exterior Electrical Panels △	7.12 7.13	CE
3.6	Check Fuel Tank Cap △	9.06	CE
3.7	Check Lights and Reflectors △	7.07 7.10 7.11	CE
3.8	Check driver's side window operation, clean and lube tracks.	-	CE
3.9	Lubricate door linkages	-	CE
3.10	Check License Plate, Permits and State Inspection Decals △	-	CE
3.11	Check Wiper Blade and Arm Condition. Replace worn components as required.	3.35	CE
3.12	Check Bicycle Rack	-	CE

SECTION 4 - Tires and Wheel Inspection		Cat. Ref.	Tech's Initial
4.1	Inspect for Cuts and Tears	15.00	CE
4.2	Check and Record Air Pressure (use form below) △	15.00	CE
4.3	Check Valve Stems and Caps	15.00	CE
4.4	Check and Record Tread Depth (use form below)	15.00	CE
4.5	Check for Mismatched Tread or Casing Design	15.00	CE
4.6	Check Sidewall Wear	15.00	CE
4.7	Check Dual Mating	15.00	CE
4.8	Check Wheels for Cracks and Loose Lugs	15.00 15.01 15.02	CE
4.9	Check Tires for Irregular or Alignment Wear	15.00	CE
4.10	Check Outer Hubs Oil Level and for Leaks △	10 15.00	CE
4.11	Check King Pins	1.01	CE
4.12	Check for Loose or Noisy Wheel Bearings △	15.02 15.03	CE
4.13	Torque wheel nuts		CE

28	105	19	95
32nds PSI		32nds PSI	
13	95	9	95
32nds PSI		32nds PSI	
27	105	10	95
32nds PSI		32nds PSI	

SECTION 2 - Interior Circle Inspection		Cat. Ref.	Tech's Initial
2.1	Check Passenger Doors - Open and Close, check door speed.	3.32	CE
2.2	Inspect Seats, Hand Rails, interior panels, and Floor Covering	3.16 3.17 3.18	CE
2.3	Check Interior Lights - installation, security and wiring △	7.08	CE
2.4	Check Interior Electrical Panels △	7.12 7.13	CE
2.5	Check Stop Request System	-	CE
2.6	Check for Physical Damage, Water Leaks, and Graffiti	3.16 3.17 3.18	CE
2.7	Check for Informational and Instructional Decals	-	CE
2.8	Check Emergency Windows and hatches, Instructional Decal and Glass Condition. Clean and lube with silicone spray.	3.26 3.27	CE
2.9	Inspect and clean or replace heater/defroster filter	-	CE
2.10	Check HVAC System.	16.08	CE
2.11	Check All Safety Equipment: fire ext., first aid kit, triangles, and accident packet.	3.15	CE
2.12	Check stanchions, grab rails, schedule rack, and windows/mirrors.	-	CE

SECTION 5 - Battery Inspection and Service △		Cat. Ref.	Tech's Initial
5.1	Battery Inspection △	7.09	CE
	Record Charge Rate here: 27.79		
5.2	Check Corrosion on Battery Cables and Hold-Downs △	7.09	CE
5.3	Remove battery cables, clean and inspect. △	7.09	CE
5.4	Load test batteries. Pass ✓ Fail △	7.09	CE

5.5	Check and clean battery posts. Reinstall battery cables.	7.09	CE
-----	--	------	----

C.2	Change primary and secondary fuel filters	CE
-----	---	----

SECTION 6 - Wheelchair Lift Inspection		Cat. Ref.	Tech's Initial
6.1	Operate lift through complete cycle and check for unusual noises, jerky operation, and correct operation speed		CE
6.2	Check platform barriers for proper operation		CE
6.3	Check sensitive edges and mats		CE
6.4	Check hydraulic hoses for leaks, chafing, or cracks		CE
6.5	Check electrical connections and routing of wires and cables		CE
6.6	Check adjustment of limit switches		CE
6.7	Lube master chain		CE
6.8	Check hydraulic pump reservoir oil level		CE
6.9	Replace hydraulic filter element (D and E only)		N/A
6.10	Clean and lube hydraulic cylinder clevis pin (E only)		A
6.11	Check chain adjustment and sprocket condition (E only)		A
6.12	Check wheelchair hold-downs for mounting and operation		CE

"D" PMI SERVICING ITEMS (24,000 MILES)		Tech's Initial
D.1	Complete all "B" and "C" PMI servicing items	N/A
D.2	Change Power Steering Fluid and Filter	

"E" PMI SERVICING ITEMS (48,000 MILES)		Tech's Initial
E.1	Complete all "B" "C" and "D" PMI servicing items	N/A
E.2	Change automatic transmission fluid and filter, collect oil sample	
E.3	Drain and refill rear axle, collect oil sample	
E.4	Service Crankcase Breather	
E.5	Rebuild air dryer	
E.6	Change Water Filter	
E.7	Service / Inspect fire suppression system- Examine all thermostats, agent cylinders, valves, piping/hose assemblies, nozzles, alarms and auxiliary equipment. Verify that discharge network hoses are not obstructed.	A

SECTION 7 - Engine Compartment Inspection		Cat. Ref.	Tech's Initial
7.1	Check Engine Compartment Condition for PMI / Fire Risk		CE
7.2	Check Engine Compartment Door and Lubricate	3.01 3.31	CE
7.3	Check Engine Compartment Lights and Gauges		CE
7.4	Record Antifreeze Protection Level Using Refractometer Refractometer Reading <u>-40</u> ° F / C		CE
7.5	Pressure Test Cooling System and Check for Leaks		XCE
7.6	Check Coolant Recovery System Condition and for Leaks	7.03	CE
7.8	Check Coolant Hose Condition		CE
7.9	Check Fan, Shroud and Radiator	8.27	CE
7.10	Check Alternator Mount, Condition & Wiring Connections/Routing	7.03	CE
7.11	Check Transmission for Leaks	10 13.00	CE
7.12	Check All Belts for Condition, Alignment and Tension	8.27	XCE
7.13	Check Exhaust System and Fire Insulation	8.20	CE
7.14	Check All Electrical Cables	7.12	CE
7.15	Check Filter Minder and Record Reading	8.18	CE
7.16	Check Intake System	8.18	CE
7.17	Inspect Operation of Fire Alarm		CE
7.18	Inspect Turbocharger and Blower	10 8.18	CE
7.19	Inspect Air Compressor Mounting and Lines	4.07	CE
7.20	Check Air Supply Plumbing		CE
7.21	Check Power Steering and Hydraulic Fluid	10 11.08 11.09	CE
7.22	Check All Engine or Belt Drive Systems	8.27	XCE
7.23	Check for Oil Leaks	10	XCE
7.24	Check Compressor Oil Level and Check for Leaks		CE
7.25	Check A/C Compressor and Mounting		CE
7.26	Check A/C Hose Condition, Routing, Security and for Leaks		CE

SECTION 8 - Steering System Inspection		Cat. Ref.	Tech's Initial
8.1	Check Entire Steering System	10 11.00 1.01 1.02 1.03	CE

SECTION 9 - Under Vehicle Inspection		Cat. Ref.	Tech's Initial
9.1	Check Ride Height	12.06	CE
9.2	Check Air Reservoir Discharge, drain air tanks	4.19	CE
9.3	Check One-way Check Valves	4.19	CE
9.4	Check Low Air Warning /Double Check Valve - Primary	4.14 4.16 4.17	CE
9.5	Check Spring Brake Inversion Valve	4.20	CE
9.6	Check Air Pressure Build-Up Time	4.07	CE
9.7	Check Low Air Warning /Double Check Valve - Secondary	4.14 4.16 4.17	CE
9.8	Check Vibration Damper		CE
9.9	Check Engine and Transmission Mounts	8.18	CE
9.10	Check Starter for Proper Installation, Cable Routing and Security	7.01	CE
9.11	Check Bottom of Engine for Oil Leaks	10	XCE
9.12	Check Transmission and Breather	10	CE
9.13	Check Differential Breather and Fluid	10	CE
9.14	Check Exhaust System		CE
9.15	Check Driveline, U-joint and Slip Yokes	14.01	CE
9.16	Check All body Mounts and Chassis Frame	3.59	CE
9.17	Check Major Ground Straps for Security, Corrosion and Correct Length	7.12	CE
9.18	Check Fuel Tank	9.06	CE
9.19	Check Suspension Components	12.00	CE
9.20	Check Brake Lining - LF <u>1/4</u> RF <u>1/4</u> - LR <u>1/4</u> RR <u>1/4</u>	4.01 4.04	CE
9.21	Check Inner Wheel Seals for Leaks	10 15.02 15.03	CE
9.22	Determine If Auto Slack Adjuster Are Working and Record - LF <u>1 1/4"</u> RF <u>1 1/2"</u> - LR <u>1 1/4"</u> RR <u>1 1/2"</u>	4.03 4.21 4.30	CE
9.23	Check Brake Chamber Plugs and Air Valves	4.00 4.03	CE
9.24	Check Brake Hoses	4.00 4.20	CE

"B" PMI SERVICING ITEMS (6,000 MILES)		Tech's Initial
B.1	Drain and Change Engine Oil, Take oil sample, Change Oil Filters	CE
B.2	Check air filter with manometer & record reading <u>3"</u>	CE
B.3	Lubricate Chassis, and all pivoting mechanisms	CE
B.4	Replace or Clean A/C Filters	CE
B.5	Drain Water From Fuel Water Separator (where applicable)	CE
B.6	Use tablet to check for engine, transmission and ABS faults	CE

"C" PMI SERVICING ITEMS (12,000 MILES)		Tech's Initial
C.1	Complete all "B" PMI servicing items	CE

SECTION 10 - Test Drive		Cat. Ref.	Tech's Initial
10.1	Road test on prescribed course. Notify Foreman and dispatch upon departure and arrival		CE

10.2	Check all instrumentation		CE
10.3	Check transmission for shift quality and retarder operation		CE
10.4	Check for unusual vibrations		CE
10.5	Check steering quality		CE
10.6	Test service brakes Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		CE
10.7	Test parking brakes Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		CE
10.8	After road test, check for leaks and recheck fluid levels		CE
10.9	Clean steering wheel, seat, switches, and all other surfaces contacted during inspection		CE
10.10	Check to make sure fire suppression system is operational		CE

NOTES:

**DHC<sup>®</sup>**  
**TEST REPORT**  
**=STARTER TEST=**  
**CRANKING VOLTS**  
**22.52V NORMAL**

**=CHARGING TEST=**  
**NO LOAD:**

MIN MAX  
 ■■■■ □ □ □ □ □  
**LOAD:**

MIN MAX  
 ■■■■ ■ □ □ □ □  
**LOAD OFF: 27.90V**  
**LOAD ON: 27.79V**

**DIODE RIPPLE**  
**RIPPLE DETECTED**  
**0.64V NORMAL**

**CLIENT:**

**TEST DATE:**  
**2013/04/28**  
**17:24:51**  
**BY:**

SECTION 11 – PMI Report Completion	Cat. Ref.	Tech's Initial
11.1 Completion of PMI Report		CE

SECTION 12 – Completion of PMI	Cat. Ref.	Tech's Initial
12.1 Vehicle Returned to Predetermined Location		CE

**Preventive Maintenance Inspection (Sections 1 - 12 only):**

I confirm that I have inspected this vehicle to the items listed on this form and against the criteria as detailed in First Transit PMI documentation. The items in the above inspection have been found satisfactory other than for the items marked with an "X". This signature certifies that the inspection documented on this form "Meets or Exceeds" First Transit requirements of "US FMCSR Part 396.17-25". Defects found have been recorded for repair in the Defect Worksheet.

**Preventive Maintenance Inspection Servicing (Sections B - E only):**

I further confirm that all servicing items were completed in accordance with manufacturer and First Transit policies.

Craig Eason

PRINT VEHICLE INSPECTOR'S NAME HERE

Craig Eason 4-26-13

SIGNATURE OF VEHICLE INSPECTOR / DATE

PRINT VEHICLE INSPECTOR'S NAME HERE

SIGNATURE OF VEHICLE INSPECTOR / DATE

PRINT VEHICLE INSPECTOR'S NAME HERE

SIGNATURE OF VEHICLE INSPECTOR / DATE

[Signature] 4/29

SIGNATURE OF SUPERVISOR / DATE



PM

First Transit Inc.

Everett, Wa

# REPAIR ORDER

REPAIR ORDER # 9951482

BUS #

9121

DATE

4-26-13

PM Miles Complete

5951

ODOMETER

298072

REASON FOR REPAIR

- ☐ Road Call ☐ ROUTINE INSP
- ☐ Driver Report ☐ ROUTINE REP
- ☐ Dispatch Report ☐ WARRANTY
- ☐ Fueler Report ☐ RECALL
- ☒ P.M. ☐ CT INSP
- ☐ P.M. Repairs ☐ ACCIDENT

PAGE 1 OF 1

*MMW 4/26/13*

DESCRIPTION OF WORK REQUESTED

C-PM

DESCRIPTION OF WORK COMPLETED

C-PM

C-PM

DATE WORKED

4-26-13

LINE #

EMP. #

ACTUAL HRS MIN

81025

6:30

81025

2:30

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE #

6	5920832	ADJUT WIPER SHOES	
4	5922668	BOSS WIPER SHOES	
2	10533742	WIPER SHOES	
2	5350171000	WIPER BLADE	
2	10539184	SHOES BOSS	
1	82-21963-000	FILTER	
1	BD7309	oil filter	

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE #

1	1378-SP5	Fuel Filter	
1	BF7924	Fuel Filter	

REPAIR ORDER COMPLETED BY:

Name: Ray Dean

Date: 4-27-13

### Risk Assessment (RA)

Name: Craig Eason

Date: 4-26-13

Function: PM

1. Am I trained to perform this function?
2. Do I have the proper tools to perform this function?
3. Are those tools in proper working order?
4. Do I have adequate space to perform this function without harm to myself or others?
5. Can I perform this function without assistance from someone else?

YES

NO

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.

**If you Can't Do It Safely, Don't Do It!**

Corrective actions performed prior to start of function "(number and list actions)"

Comments:

Supervisor: 

**"Everybody Gets Home Safe"**



# REPAIR ORDER

BUS #	DATE	PM Miles Complete	ADDMILES

DATE \_\_\_\_\_

ODOMETER

REASON FOR REPAIR

PAGE OF

9121	5.1-13	298000
------	--------	--------

DESCRIPTION OF WORK REQUESTED

12

<input type="checkbox"/> Road Call	<input type="checkbox"/> ROUTINE INSP
<input type="checkbox"/> Driver Report	<input type="checkbox"/> ROUTINE REP
<input type="checkbox"/> Dispatch Report	<input type="checkbox"/> WARRANTY
<input type="checkbox"/> Fueler Report	<input type="checkbox"/> RECALL
<input type="checkbox"/> P.M.	<input type="checkbox"/> CT INSP
<input type="checkbox"/> P.M. Repairs	<input type="checkbox"/> ACCIDENT

REPAIR ORDER COMPLETED BY:  
Name: 5  
Date: 5-1-17

DESCRIPTION OF WORK COMPLETED		DATE WORKED	LINE #	EMP. #	ACTUAL HRS MIN
Check 1 in Side Sprinkler Fan picking up dislocated OK	speaker		1	81092	15
hook up better chaise, Bathing dead	Bathing		2	81097	21
cut 1 in straw for field, changed 3/10/93 - 1 in straw	insulation		3	81097	26
for right fan, fixed ceiling, room, 1	hr		4	81097	32
for AC, Bell	AC		5	81094	30
for water pump belt	AC		5	81097	30
stem clean, engine, comp,	WP		5	81097	45
test drive	eng		6	81097	1
checked for oil leaks OK	eng		6	81097	30
to stall when undercar, return to place OK	eng		6	81092	16
	hr		7	81097	3

## PARTS USED

## PARTS USED

QTY.	PART NUMBER	DESCRIPTION	LINE#
1	01-37629-000	<del>RAIL</del> RALLY	5
1	291 F-11	RAIL	5
1	2751X950	AC RAIL	5
1	4942436	Bolt	5

[illegible]

### Risk Assessment (RA)

Name: R Date: 5-1-13 Function: \_\_\_\_\_

	YES	NO
1. Am I trained to perform this function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do I have the proper tools to perform this function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are those tools in proper working order?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Do I have adequate space to perform this function without harm to myself or others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Can I perform this function without assistance from someone else?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.

**If you Can't Do It Safely, Don't Do It!**

Corrective actions performed prior to start of function "(number and list actions)"

Comments:

Supervisor: RH

**"Everybody Gets Home Safe"**



First Transit Inc.

Everett, Wa

# REPAIR ORDER

REPAIR ORDER # \_\_\_\_\_

BUS #

PM Miles Complete

DATE

ODOMETER

REASON FOR REPAIR

PAGE \_\_\_\_ OF \_\_\_\_

9121

5-1-13

29808

DESCRIPTION OF WORK REQUESTED

PR RA

- ☐ Road Call ☐ ROUTINE INSP  
☐ Driver Report ☐ ROUTINE REP  
☐ Dispatch Report ☐ WARRANTY  
☐ Fueler Report ☐ RECALL  
☐ P.M. ☐ CT INSP  
☐ P.M. Repairs ☐ ACCIDENT

REPAIR ORDER COMPLETED BY:

Name:

Date:

5-1-13

DESCRIPTION OF WORK COMPLETED

NO test drive did not pull, bug didn't pull  
back where bus was breaking

DATE WORKED

LINE #

EMP. #

ACTUAL  
HRS MIN

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE #

PARTS USED

QTY. PART NUMBER

DESCRIPTION

LINE #



### Risk Assessment (RA)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Function:**

- 1. Am I trained to perform this function?**
- 2. Do I have the proper tools to perform this function?**
- 3. Are those tools in proper working order?**
- 4. Do I have adequate space to perform this function without harm to myself or others?**
- 5. Can I perform this function without assistance from someone else?**

YES

NO

**If the answer to any of these questions is "NO", consult with your immediate Supervisor for corrective action prior to starting the function.**

**If you Can't Do It Safely, Don't Do It!**

**Corrective actions performed prior to start of function "(number and list actions)"**

**Comments:****Supervisor:**

## "Everybody Gets Home Safe"

# Defect and Repair Continuation Worksheet

Please complete in BLUE / BLACK ink and in capitals in accordance with SOP M002 and PM Manual.

Unit #: _____	All defects must be categorized as;	R = Safety/DOT out-of-service Y = Deferrable until no later than next PMI G = Advisory defect (i.e. paint, decals, cosmetic, etc.)
WO#: _____		Inspector SCAR codes; S = Secure/Tighten; C = Change; A = Adjust; R = Repair
		Process Work SCARN codes; S = Secured/Tightened; C = Changed; A = Adjusted; R = Repaired N = No fault found

## SELF RISK ASSESSMENT REQUIREMENTS

Have you completed a satisfactory Personal Risk Assessment? Circle YES or NO in the Repair Line Below. If the answer is "NO" stop what you are doing, complete an Injury Prevention Safety Contact sheet and see your supervisor for further instructions.

Item No.	PMI Ref No.	M E B Defect Details: Turbo oil return line connection to Engine leaking oil	Circle Defect Cat. Ref.	Circle Action Required
9.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs: OK	YES NO				5-1

Item No.	PMI Ref No.	M E B Defect Details: Right Engine Compartment Door Missing 2 Small Sound Barriers	Circle Defect Cat. Ref.	Circle Action Required
10.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs: Replaced 1-0	YES NO	1/18			5-1

Item No.	PMI Ref No.	M E B Defect Details: Pulls right when Brakes applied and when checking straight Drive alignment?	Circle Defect Cat. Ref.	Circle Action Required
11.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs: OK	YES NO				5-1

Item No.	PMI Ref No.	M E B Defect Details:	Circle Defect Cat. Ref.	Circle Action Required
12.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs:	YES NO				

Item No.	PMI Ref No.	M E B Defect Details:	Circle Defect Cat. Ref.	Circle Action Required
13.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs:	YES NO				

Item No.	PMI Ref No.	M E B Defect Details:	Circle Defect Cat. Ref.	Circle Action Required
14.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs:	YES NO				

Item No.	PMI Ref No.	M E B Defect Details:	Circle Defect Cat. Ref.	Circle Action Required
15.			R Y G	S C A R

Circle Action Taken: S C A R N	PRA	Hours	WO#	Signature	Date
Description of Repairs:	YES NO				

INSPECTOR NOTE: Type of Defect M = Mechanical, E = Electrical and B = Body Defects. Select and group types of Defects together.

# **FOLLOW UP WORKSHEET**

Unit #: 9121  
PMI WO#: \_\_\_\_\_

Mileage: \_\_\_\_\_

All defects must be categorized as: R = Safety/DOT out-of-service. Y = Deferrable until no later than next PMI. G = Advisory defect (i.e. paint, decals, cosmetic, etc.)

Item No.	PMI Ref No.	M E B Defect Details:	Follow Up WO #	Circle Defect Cat. Ref.
1.		Inside speakers picking up Distortion		R Y G
Description of Repairs:			Initial	Date
OK L			L	5-1
2.		Right Rear Tires have 6/32nds Difference Between Them		R Y G
Description of Repairs:			Initial	Date
Rep/bed truck			L	5-1
3.		Coolant Tank Door Seal leaking coolant		R Y G
Description of Repairs:			Initial	Date
Rep/L			L	5-1
4.		Aux. Drive and Air Conditioner Belts cracked		R Y G
Description of Repairs:			Initial	Date
Rep/Air			B	5-1
5.		Air Conditioner Belt Guard Pulley Missing Bearings and Cover		R Y G
Description of Repairs:			Initial	Date
Rep/L			BZ	5-1
6.		Engine Front Cover Bottom wet with oil		R Y G
Description of Repairs:			Initial	Date
OK L			L	5-1
7.		oil pan leaking oil from Seal		R Y G
Description of Repairs:			Initial	Date
OK L			L	

INSPECTOR NOTE: Type of Defect M = Mechanical, E = Electrical and B = Body Defects. Select and group types of Defects together

I confirm that all defects are repaired in accordance with First Transit policies.

Technician's Signature:		Date:	
Approved By:		Continuation Sheet Used:	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Supervisor's Signature		Date:	